

## STANDING ORDER FOR THE SCREENING OF THE PAP TEST

### POLICY:

Under this standing order, medical assistants and RNs with proper training may screen clients to see if they are eligible for a PAP test.

### PURPOSE:

Nearly all cases of cervical cancer are caused by infection with high-risk types of human papillomavirus, or HPV. If a cervical infection with a high-risk HPV type persists, it can develop into more severe precancerous lesions. If precancerous lesions are not treated, they can progress to cancer. It can take 10 to 20 years or more for a persistent infection with a high-risk HPV type to develop into cancer.

The main purpose of screening with the Pap test is to detect abnormal cells that may develop into cancer if left untreated. The Pap test can also find noncancerous conditions, such as infections and inflammation. It can also find cancer cells. In regularly screened populations, the Pap test identifies most abnormal cells before they become cancer.

A regular program of Pap test screening, with appropriate follow-up, can reduce cervical cancer incidence by up to 80% [1].

### PROCEDURE:

1. Applicable population, exception and test frequency:
  - a. Do NOT TEST women under 21 years old. There is a high rate of false-positives, meaning unnecessary anxiety and treatment.
  - b. Women between the ages of 21 and 65 years old:
    - i. Start Pap testing 3 years after first intercourse but no earlier than age 21 and repeat every 3 years
    - ii. Smokers or multiple partners: repeat every 2 years.
    - iii. Pregnant: same rules as nonpregnant (every 2 years for smokers, otherwise every 3 years)
    - iv. Immunocompromised (HIV infected, transplant, on steroids, etc): every 6 months for 2 tests, then yearly.
    - v. After complete hysterectomy:
      - a. If hysterectomy was for cancer – continue paps according to oncology recommendations (ask provider)
      - b. If hysterectomy done for any other reason – stop paps
    - vi. After partial hysterectomy (cervix in place), screen normally, as above.
  - c. After age 65 with at least 3 normal consecutive tests and no abnormal tests in past 10 years: no further Paps.
2. If pap test is overdue, alert client that they are due for a pap test and administer pap test on the day of visit or schedule a future appointment according to clinic protocol.

1. M. Arbyn; et al. (2010). "European Guidelines for Quality Assurance in Cervical Cancer Screening. Second Edition—Summary Document". *Annals of Oncology* 21 (3): 448–458.

3. Record the reason(s) for non-receipt of the test. If clients refuse testing, provide education and then document. If clients insist on testing even though it is not needed, educate them about the guidelines (too much testing leads to unnecessary procedures, and does not increase cancer detection rate) or ask them to talk with their provider.
4. Prepare clients for the test.
  - a. Schedule the appointment between 10 and 20 days after the first day of the client's last menstrual period. No test should be done during menstruation.
  - b. Instruct the client to avoid sexual intercourse, douching, or using vaginal medicines or spermicidal foams, creams, or jellies the day before the pap test (except as directed by a provider).
5. Document the encounter in client chart.
6. Follow up with clients on test results per clinic policy.

Medical Director \_\_\_\_\_  
Printed Name Signature

Effective date \_\_\_\_\_

Date reviewed \_\_\_\_\_ Date revised \_\_\_\_\_

1. M. Arbyn; et al. (2010). "European Guidelines for Quality Assurance in Cervical Cancer Screening. Second Edition—Summary Document". *Annals of Oncology* 21 (3): 448–458.